

**FORM****BT-EXT**

**IMPORTANT:** YOU MAY BE ELIGIBLE FOR AN AUTOMATIC 7-MONTH EXTENSION OF TIME TO FILE YOUR NEW HAMPSHIRE BUSINESS ENTERPRISE TAX and BUSINESS PROFITS TAX RETURNS WITHOUT FILING AN APPLICATION.

New Hampshire does not require the filing of an extension application if you have paid 100% of your total business tax determined to be due by the original due date of the returns. **If you pay 100% of the Business Enterprise Tax and Business Profits Tax determined to be due, you will be granted an automatic 7-month extension to file your New Hampshire returns WITHOUT filing this form.** If you meet this requirement, you may file your New Hampshire Business Enterprise Tax and Business Profits Tax return up to 7 months beyond the original due date and you will not be subject to the late filing penalty. **Please note that an extension of time to file your returns is not an extension of time to pay the tax.**

**WHEN TO USE THIS FORM:** If you need to make an additional payment in order to have paid 100% of the tax determined to be due, then you must submit this form with payment by the original due date in order to be granted an extension of time to file your returns.

**WHEN TO FILE:** This form must be postmarked on or before the original due date of the returns.

★ **REASONS FOR DENIAL:** Applications for extension will be rejected for reasons such as, but not limited to, failure to complete the tax payment schedule, absence of the taxpayer's or authorized agent's signature, the application was postmarked **after** the due date for filing the return, or if the payment for the balance due shown on line 5 below did not accompany this application.

**WHERE TO FILE:** Document Processing Division, 61 South Spring Street, PO Box 637, Concord, NH 03302-0637.

**NEED HELP?** Call the New Hampshire Department of Revenue Administration, Taxpayer Assistance Office, at (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

### Application for 7-Month Extension of Time to File

<b>PLEASE PRINT OR TYPE</b>	PROPRIETORSHIP—LAST NAME	FIRST NAME & INITIAL	PROPRIETOR'S SOCIAL SECURITY NUMBER
	PROPRIETORSHIP—SPOUSE'S LAST NAME	FIRST NAME & INITIAL	_____ - _____ - _____
	CORPORATE, PARTNERSHIP, FIDUCIARY, PRINCIPAL NH BUSINESS ORGANIZATION OR NON-PROFIT NAME		SPOUSE'S SOCIAL SECURITY NUMBER
	NUMBER AND STREET ADDRESS		_____ - _____ - _____
	CITY OR TOWN, STATE AND ZIP CODE		FEDERAL IDENTIFICATION NUMBER (Corporation, Partnership, Fiduciary, Principal NH Business Organization & Non-Profit)

For the CALENDAR year **1996** or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_  
Mo Day Year Mo Day Year

★ **ENTITY TYPE** Check one of the following:

- ☐ Proprietorship   
 ☐ Corporation/Combined Group   
 ☐ Partnership   
 ☐ Fiduciary   
 ☐ Non-Profit Organization  
 ①                      ②                      ③                      ④                      ⑤

### ★ TAX PAYMENT SCHEDULE

1 Enter 100% of the Business Enterprise Tax determined to be due .....	1	
2 Enter 100% of the Business Profits Tax (net of BET credit) determined to be due .....	2	
3 Subtotal (Line 1 plus line 2) .....	3	
4 LESS: Credit carried over from prior year and payments of estimated tax .....	4	
5 BALANCE DUE: Make check payable to: State of New Hampshire. <b>Enclose, but do not staple or tape, your payment with this extension. (IF NEGATIVE OR ZERO, YOU ARE NOT REQUIRED TO FILE THIS APPLICATION)</b>	5	

Under the penalties of perjury, I declare that I have examined this application, and to the best of my belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

★ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MAIL TO:** DOCUMENT PROCESSING DIVISION  
PO BOX 637  
CONCORD, NH 03302-0637

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